

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013780

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 226

Primary Registration District No.

Registrar's No. 65

FILED MAR 21 1962

1. PLACE OF DEATH

a. COUNTY

Scotland

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Memphis

Length of stay in 1b
Most of life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Scotland

c. CITY
OR
TOWN

Memphis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Frank

Middle

E. Summers

Last

DATE OF DEATH

March 15, 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/3/1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Cantril, Iowa

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Nelson Summers

13b. MOTHER'S MAIDEN NAME

Alma Yeager

14. NAME OF HUSBAND OR WIFE

Jennie Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Jennie Summers, Memphis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 12 1962 to March 15 and last saw him alive on March 12 1962
Death occurred at 1:30 P M 3-15-1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. E. Lowe Do

22b. ADDRESS

Memphis Mo

22c. DATE SIGNED

3-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/17/1962

23c. NAME OF CEMETERY OR CREMATORY

Brock Cemetery

23d. LOCATION (City, town, or county)

Scotland County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ruth H. Baker Memphis

25. DATE RECD. BY LOCAL REG.

3-17-62

26. REGISTRAR'S SIGNATURE

Vera E. Purmes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0990
2 0990
3
4 0
5 1
6
7 1
8 2
9 332X
10
11
12 90-2
13 1-0

JAN 11 1963

MAR 22 1962

Permit Obtained
Mar. 16, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Fred Smith, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred Smith

Licensed Embalmer No. 425-8

P. O. Address Manassas, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.